

City of La Porte Emergency Medical Services



Attendant & Attendant-Driver Permit Application

A non-refundable permit fee of fifty dollars (\$50.00) per application is due at the time of each application.

Check, Money Order or Credit Card will be accepted payable to the City of La Porte.

Subject to approval by the division of Emergency Medical Services. Each application expires on the last day of September following the issuance of the permit. All applicants are subject to a background check as deemed necessary by the EMS Chief or his designee.

Any false, misleading or omitted information on this application is a violation of La Porte City Code and could be cause for denial of permit. All Questions must be answered.

Mari		Renewal	Fraince			
Permit# = = =		Receipt # 	======	Date		
Name Last	First		 Middle	Ą	ge	
Hair Eyes				Hgt	Wt	
Current Address	Street	City		How Lon	g?	
Home Phone ()_		Socia	al Security Num	ber		
Texas D.L. No		Expire	es			
Skill Level (CHECK C	NE)					
EMT EMT-I _	EMT-P	LP	Registration No	D		
Certification Expiratio	n	S	chool Attended			

NOTE: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

Do you have a final conviction for auto theft, bad checks, burglary, theft, robbery, State or Federal controlled substances, acts, rape, sexual abuse, indecency with a child, or abuse of a corpse, etc?

Final conviction for other offenses will be reviewed by the EMS Chief in determination of permit issuance. Deferred adjudication for any offense must be reported.

Yes	No	
If yes, give details:		
Can you read, write, and spo	eak the English language? Yes	No
La Porte, Texas to conduct a his designee. I also agree to information contained on thi in any way without written	I have given are accurate and come background investigation if deeme on notify the City of La Porte EMS Dissipplication. This application man permission from the EMS Chief. application unacceptable.	ed necessary by the EMS Chief or vision of any changes in the y not be changed or altered
Signature		Data

MUST BE COMPLETED BY PHYSICIAN

I certify that I have examined the applicant and have found that he/she has a sound body, eyesight in both eyes which is either 20/20 or correctable to 20/20 with glasses, and no physical defects that might impair his/her ability to drive or attend a transfer ambulance or emergency ambulance.

Physicians Name			
Address			
Business Phone ()	Texas License No		
Signature			
=========	=======================================	=====	
MUST BE COMPLETED BY E	MPLOYER		
Name of Employer			
Business Address			
Phone No. () Supervisor			
Supervisor Signature			
=========	=======================================	=====	
FOR CITY OF LA PORTE US	E		
Copy of Texas Drivers License	Yes	No	
Copy of Certification			
Application fee included			
Application approved/_	/		
Application Disapproved/_	/		
Permit issued/_			